PARK VIEW HOME, INC.

220 LOCKWOOD STREET, P.O. BOX 265

54028 Phone: (715) 698-2451 Ownership: WOODVILLE Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with CBRF? Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/02): Title 18 (Medicare) Certified? Total Licensed Bed Capacity (12/31/02): 57 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/02) %								
Home Health Care	No	   Primary Diagnosis		Age Groups	ુ		20.4			
Supp. Home Care-Personal Care	No					1 - 4 Years	59.2			
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	20.4			
Day Services	No	Mental Illness (Org./Psy)	32.7	65 - 74 10						
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	30.6		100.0			
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.1	* * * * * * * * * * * * * * * * * * *	*****			
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.1	Full-Time Equivalent				
Congregate Meals Yes		Cancer				Nursing Staff per 100 Residents				
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)				
Other Meals	No	Cardiovascular	34.7	65 & Over	100.0					
Transportation	Yes	Cerebrovascular	16.3			RNs	9.8			
Referral Service	No	Diabetes	8.2	Sex	%	LPNs	2.0			
Other Services	No	Respiratory	0.0			Nursing Assistants,				
Provide Day Programming for		Other Medical Conditions	8.2	Male	34.7	Aides, & Orderlies	38.6			
Mentally Ill	No			Female	65.3					
Provide Day Programming for			100.0							
Developmentally Disabled No					100.0					
*********	****	******	*****	******	*****	* * * * * * * * * * * * * * * * * * *	******			

## Method of Reimbursement

		edicare			edicaid			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	0/0	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	2	100.0	323	27	90.0	89	0	0.0	0	13	76.5	115	0	0.0	0	0	0.0	0	42	85.7
Intermediate				3	10.0	75	0	0.0	0	4	23.5	110	0	0.0	0	0	0.0	0	7	14.3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		30	100.0		0	0.0		17	100.0		0	0.0		0	0.0		49	100.0

PARK VIEW HOME, INC.

********	*****	*****	*****	*****	*****	******	*****
Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services	, and Activities as of 12	/31/02
Deaths During Reporting Period	1						
	1				% Needing		Total
Percent Admissions from:	1	Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	25.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	5.6	Bathing	0.0		77.6	22.4	49
Other Nursing Homes			6.1		65.3	28.6	49
Acute Care Hospitals	63.9	Transferring	46.9		24.5	28.6	49
Psych. HospMR/DD Facilities	0.0	Toilet Use	40.8		22.4	36.7	49
Rehabilitation Hospitals	0.0	Eating	71.4		18.4	10.2	49
Other Locations	0.0	* * * * * * * * * * * * * * * * * * * *	*****	*****	*****	*******	******
Total Number of Admissions	36	Continence		용	Special Trea	itments	%
Percent Discharges To:	1	Indwelling Or Externa	al Catheter	6.1	Receiving	Respiratory Care	14.3
Private Home/No Home Health	29.3	Occ/Freq. Incontinent	of Bladder	57.1	Receiving	Tracheostomy Care	0.0
Private Home/With Home Health	9.8	Occ/Freq. Incontinent	c of Bowel	34.7	Receiving	Suctioning	0.0
Other Nursing Homes	2.4				Receiving	Ostomy Care	6.1
Acute Care Hospitals	26.8	Mobility			Receiving	Tube Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrained	Ĺ	14.3	Receiving	Mechanically Altered Diet	s 24.5
Rehabilitation Hospitals	0.0				_	_	
Other Locations	4.9	Skin Care			Other Reside	ent Characteristics	
Deaths	26.8	With Pressure Sores		4.1	Have Advan	ce Directives	95.9
Total Number of Discharges	1	With Rashes		0.0	Medications		
(Including Deaths)	41				Receiving	Psychoactive Drugs	16.3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

\*

***************************************											
		Owne	ership:	Bed	Size:	Lic	ensure:				
	This	This Nonprofit Facility Peer Group		50	-99	Ski	lled	Al	1		
	Facility			Peer	Group	Peer Group		Faci	lities		
	ଚ	90	Ratio	90	Ratio	%	Ratio	%	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	89.5	87.5	1.02	87.1	1.03	85.3	1.05	85.1	1.05		
Current Residents from In-County	65.3	79.3	0.82	81.5	0.80	81.5	0.80	76.6	0.85		
Admissions from In-County, Still Residing	16.7	21.8	0.77	20.0	0.83	20.4	0.82	20.3	0.82		
Admissions/Average Daily Census	70.6	124.6	0.57	152.3	0.46	146.1	0.48	133.4	0.53		
Discharges/Average Daily Census	80.4	129.0	0.62	153.5	0.52	147.5	0.55	135.3	0.59		
Discharges To Private Residence/Average Daily Census	31.4	50.5	0.62	67.5	0.46	63.3	0.50	56.6	0.55		
Residents Receiving Skilled Care	85.7	94.7	0.90	93.1	0.92	92.4	0.93	86.3	0.99		
Residents Aged 65 and Older	100	96.2	1.04	95.1	1.05	92.0	1.09	87.7	1.14		
Title 19 (Medicaid) Funded Residents	61.2	56.7	1.08	58.7	1.04	63.6	0.96	67.5	0.91		
Private Pay Funded Residents	34.7	32.8	1.06	30.0	1.16	24.0	1.45	21.0	1.65		
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	1.2	0.00	7.1	0.00		
Mentally Ill Residents	32.7	35.5	0.92	33.0	0.99	36.2	0.90	33.3	0.98		
General Medical Service Residents	8.2	23.8	0.34	23.2	0.35	22.5	0.36	20.5	0.40		
Impaired ADL (Mean)	46.5	50.4	0.92	47.7	0.98	49.3	0.94	49.3	0.94		
Psychological Problems	16.3	54.7	0.30	54.9	0.30	54.7	0.30	54.0	0.30		
Nursing Care Required (Mean)	6.1	6.9	0.89	6.2	0.98	6.7	0.91	7.2	0.85		